City of Maumee - 2018 Employee PPO Health Care Plan

Medical Benefits

	MMO Super Med Network The following MMO Super Med Network services are subject to a co-pay only. Deductible and co-insurance do not apply.	**Non-Network Provider** The following services are subject to a "deductible" before a plan payment is made. After the deductible is met, the Employee is responsible for the co-Insurance portion.
Physician Office Visits (Includes the following: Family Practioner, General Practioner, Internal Medicine, Pediatric Medicine, Osteopathic Medicine, and Obstetrics - Gynecology Medicine)	$ 20 co-pay	60% co-insurance after deductible is met.
TelaDoc / Telemedicine	100%	100%
Specialist Office Visits	$ 40 co-pay	60% co-insurance after deductible is met.
Urgent Care	$ 50 co-pay	60% co-insurance after deductible is met.
Emergency Room	$100 co-pay	60% co-insurance after deductible is met.
Non-Emergency	Not Covered	60% co-insurance after deductible is met.
Outpatient Diagnostic X-Rays and Laboratory Testing (not including CT Scan, PET Scan, or MRI)	100%	60% co-insurance after deductible is met.
Smoking Cessation (Claims manually submitted.)	100% Up to a 90 day supply per calendar year.	100% Up to a 90 day supply per calendar year.
	Preventive Care	
Routine Well Adult Care	100% Includes - Office visit, pap smear, prostate screening, gynecological exam, routine physical examination, and sigmoidoscopy.	60% co-insurance after deductible is met. Includes - Office visit, pap smear, prostate screening, gynecological exam, routine physical examination, and sigmoidoscopy.
Mammogram (Screening)	100% Limited to 1 per year and to age 35 and over.	60% co-insurance after deductible is met. Limited to 1 per year and to age 35 and over.
Colonoscopy	100% Limited to 1 per year and to age 50 and over.	60% co-insurance after deductible is met. Limited to 1 per year and to age 50 and over.
Routine Well Newborn Care	100% Birth to age 24 months Includes - Office visits, routine physical examination, hearing tests, vision and immunizations.	60% co-insurance after deductible. Birth to age 24 months Includes - Office visits, routine physical examination, hearing tests, vision and immunizations.
Routine Well Child Care	100% Includes - Office visits, routine physical examination, hearing tests, vision and immunizations through age 18.	60% co-insurance after deductible. Includes - Office visits, routine physical examination, hearing tests, vision and immunizations through age 18.

Medical Benefits

	MMO Super Med PPO Network The following MMO Super Med PPO Network services are subject to a deductible before a plan payment is made. After the deductible is met, the Employee is responsible for the co-insurance portion.	**Non-Network Provider** The following Non-Network services are subject to a "deductible" before a plan payment is made. After the deductible is met, the Employee is responsible for the co-insurance portion. The Non-Network deductible is separate from the "MMO Super Med PPO Network" deductible.
	Deductible (Employee pays first).	**Deductible** (Employee pays first).
Per Person	$ 250	$ 500
Per Family	$ 500	$ 1,000
	Co-Insurance (20% of the charges for service)	**Co-Insurance** (40% of the charges for service)
Per Person	$ 750	$ 2,000
Per Family	$ 2,000	$ 4,000
	Max Out-of-Pocket (Deductible + CoInsurance + Medical Copays)	**Max Out-of-Pocket** (Deductible + CoInsurance)
Per Person	$ 1,000	$ 2,500
Per Family	$ 2,500	$ 5,000
Ambulance	80% co-insurance after deductible is met.	80% co-insurance after deductible is met.
Inpatient Hospital	80% co-insurance after deductible is met.	60% co-insurance after deductible is met.
Surgery	80% co-insurance after deductible is met.	60% co-insurance after deductible is met.
Skilled Nursing Facility	80% co-insurance after deductible is met of the facility's semiprivate room rate within 3 days of a 3 day hospital stay. 100 days calendar maximum	60% co-insurance after deductible is met of the facility's semiprivate room rate within 3 days of a 3 day hospital stay. 100 days calendar maximum
CT Scan, PET Scan, MRI (and inpatient x-rays and laboratory testing)	80% co-insurance after deductible is met.	60% co-insurance after deductible is met.
Physical Therapy, Occupational Therapy and Speech Therapy	80% co-insurance after deductible is met. Maximum 30 total combined sessions per year.	60% co-insurance after deductible is met. Maximum 30 total combined sessions per year.
Chiropractic	80% co-insurance after deductible is met. Maximum 25 visits per year.	60% co-insurance after deductible is met. Maximum 25 visits per year.
Durable Medical Equipment	80% co-insurance after deductible is met.	60% co-insurance after deductible is met.
Organ Transplants	80% co-insurance after deductible is met.	60% co-insurance after deductible is met.
Pregnancy	80% co-insurance after deductible is met.	60% co-insurance after deductible is met.

Dental Benefits

No provider network, patient may use any area dentist.
The plan will pay "usual, customary, and reasonable (UCR)" costs to provider with the patient responsible for any amount over UCR.
Maximum dental benefit $1,500 per person per year (unchanged).

Class A (Preventive - such as routine exams and x-rays): No deductible, covered 100%.
Class B (Basic - such as fillings and root canals): covered 80% after $50 per person annual deductible.
Class C (Major - such as crowns and bridges): covered 50% after $50 per person annual deductible.
Orthodontia is covered 60% (no deductible) $1,500 lifetime maximum per eligible dependent to age 19.

Prescription Drug Benefits

	Retail	**Mail Order**
	30-day supply	90-day supply
Generic	$ 5	$ 10
Preferred ("Formulary") Brand	$ 25	$ 50
Non-Preferred Brand	$ 40	$ 80
	Prescriptions purchased via retail are only covered at participating pharmacies.	

Vision Benefits (VSP)

Benefit	**Co-Pay**	**Description**
Well Vision Exam	$25 for exam and/or eyewear	Eye exam every 12 months beginning in January.
Prescription Lenses	$25 for exam and/or eyewear	New lenses every 12 months. Covers single visions, lined bifocal, lined trifocal, tinted, and photochromic lenses.
Frame	$25 for exam and/or eyewear	New frames (with a $130 allowance + 20% discount over allowance) every 12 months
Contacts Instead of Glasses	None	New contacts every 12 months with a 15% discount off the contact lens exam and a $130 allowance for contact lens exam and contacts.